

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

*07 JAN 17 A11 :42

T47
B10

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last) Tsujimura	(First) Rick	(Middle)	TELEPHONE 521-9500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17 th Floor			FAX 541-9050
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Imanaka Kudo & Fujimoto			TELEPHONE 521-9500
MAILING ADDRESS (Street) 745 Fort Street Mall			FAX 541-9050
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	

PART II ORGANIZATION

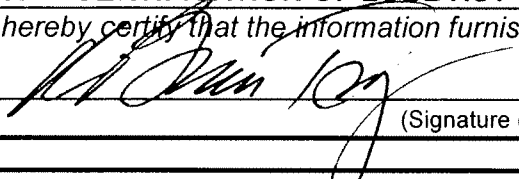
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Biotechnology Industry Organization			TELEPHONE (202) 962-9513
MAILING ADDRESS (Street) 1225 Eye Street, NW, Suite 400			FAX (202) 962-9201
(City) Washington	(State) D.C.	(Zip Code) 20005-5958	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Ab Basu			TELEPHONE (202) 962-9513
MAILING ADDRESS (Street) 1225 Eye Street, NW, Suite 400			FAX (202) 962-9201
(City) Washington	(State) D.C.	(Zip Code) 20005-5958	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/4/07

(Date)

PART V AUTHORIZATION TO LOBBY

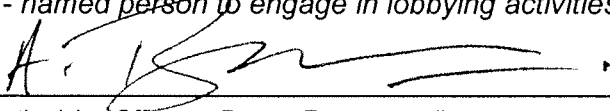
NAME Ab Basu	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director, State Government Relations
-----------------	--

NAME OF ORGANIZATION (if applicable) Biotechnology Industry Organization	TELEPHONE (202) 962-9513
---	-----------------------------

MAILING ADDRESS (Street) 1225 Eye Street, NW, Suite 400	FAX (202) 962-9201
--	-----------------------

(City) Washington	(State) D.C.	(Zip Code) 20005-5958
----------------------	-----------------	--------------------------

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/12/07

(Date)